Change of Life in Women

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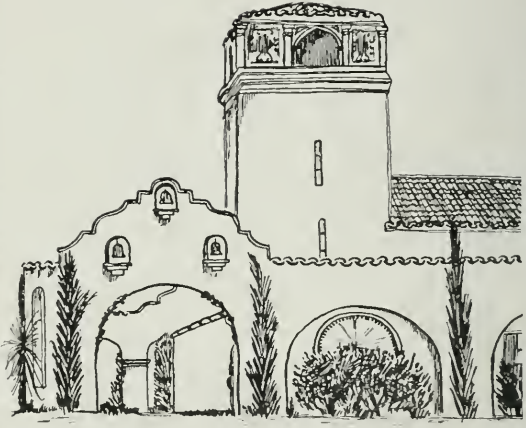

COLLEGE OF OSTEOPATHIC PHYSICIANS AND SURGEONS • LOS ANGELES, CALIFORNIA

THE CHANGE OF LIFE IN WOMEN

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AND THE

ILLS AND AILINGS INCIDENT THERETO

BY

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FOREWORD.

I HAVE myself never heard a clinical lecture on the menopause that was the least help to me in my medical work, or one that afforded, to my mind, the least satisfaction ; neither have I ever read any article or book on the subject that offered me either mental enlightenment or practical advantage. As far as I know my way about in medical literature, the menopause is, to say the least, a very dark region indeed, wherein we are left to grope about in quest of unknown quasi-ghostlike awfulnesses.

I have always tried at least to strike a match in any dark corner where medical mysteries midst ghostly terrors most abound ; and although the illumination emanating

from one solitary match is not exactly blinding, still it is more helpful than utter darkness.

If my readers find this little work even of one-match power only, I shall not regret the labour of writing it.

J. COMPTON BURNETT.

86 Wimpole Street,
Cavendish Square,
Easter, 1898.

The Change of Life in Women, and the Ills and Ailings Incident thereto.

IT stands in evil repute does the change of life in women; and when a more than usually curious patient enquires of us the nature of this or that, and we reply, "Oh, it s the change of life!" a more or less sufficient reason is thereby supposedly given, and the woman is heard resignedly to exclaim, "Ah, I suppose I must expect trouble at my time of life!" But

why should poor woman expect trouble at the change of life? That she does, as a matter of fact, often suffer at and after that time of life is all too evident; but again, Why?

Surely the thing can be accounted for, and measures taken to prevent, cure, or palliate said sufferings.

Girls are more forward than boys at a given early age up to the loomings of the menses, as any of us can see in our own families; but no sooner does menstruation begin than the superiority of the girl over the boy is at an end. The boy slowly gains upon her, and becomes more aggressive, and the girl more retiring.

The explanation of this lies close at hand,—the girl's digestion and assimilation are so arranged that

she shall for some thirty years or so of her life's course, from puberty to menopause, make blood enough for her own maintenance and activities plus what should or might be needed for gestation and lactation, the menstruation being primarily a means of maintaining her equipoise by throwing overboard at stated times a given not-called-for blood supply, prepared by the time of each ovulation as a possibly needed food reserve, which throwing overboard of said supercargo does not occur if impregnation of the ovule take place. It is this menstrual arrangement which must be kept in view if we are to understand the change of life and its sequels, and indeed if we are to understand women's diseases at all at any period.

The resignation of many women to their various sufferings is to me often absolutely astonishing, and many times have I enquired of my professors, of books, of myself, and finally of old mother Nature, what this change really is. It is not a little instructive to work out clinical problems for one's self, just as they really are, without the god-fathership of schoolmen, who often seem to me to stand between truth and one's mental vision; we very commonly learn our professors' teachings only, and never see the things themselves.

Unobscured by Preconceptions.

The importance of the change of life in the practice of medical men, notably in those who see much of

diseases of women, needs no demonstration. The change of life is very commonly regarded as something positive that, so to speak, attacks the woman's health. "I suppose it is all the 'change,'" one hears very constantly.

Now, what is this "change of life" that causes so much misery to so many women?

I am treating a lady for hæmorrhoids that bleed furiously here and there, causing alarming symptoms of faintness, so that tonics and stimulants are in constant requisition.

"My family doctor says I must undergo an operation for the piles, or I shall never get well, but I think myself it is all the change."

I saw a lady yesterday for rheumatoid arthritis and lumbago; she is fifty-one years of age, and the ends of her finger bones are getting knobby, and the erstwhile elegant little hand, with tapering fingers, is becoming "full of horrid knobs," . . . said she, "I suppose it's due to the change of life; you know I have turned fifty, and those things have left me."

And continuing — "And these horrid flushes: my family doctor has given me no end of things for it, and Dr Jones gave me *Lachesis* and you gave me *Urtica*, but nothing has done me the least bit of good."

If we are to understand what a CHANGE of life signifies, we must first have a clear notion of what

that LIFE really is, that in its "Change" is so funest. Life in general, as common to both man and woman, I am here not dealing with, but with its modifications as manifested in the female, and specifically with that part of her life which is called THE CHANGE, which change consists in the cessation of the monthly period, and with this leaving off of the menses seemingly begin the ills and ailings incident thereto. Not that they really *begin* in the individuals at the menopause —they were for the most part there before—only that at this time of life the manifestations change form.

In order to get a clear idea of the subject we are considering, we must first have a just conception of what the menstruation that here

leaves off really is, so let us dwell a little on the subject.

Physiological Menstruation.

We need not go far afield to get at the bottom of this function in its main essentials. The normal woman, as we all know, ovulates in certain known cycles in order to supply the ovule necessary for continuing the race, but as the ovule-seeking spermatozoon may not be in the way, and in obedience to its own life-history, the ovule appears at intervals. Should the ovule meet at the proper trysting-place, and there marry the spermatozoon, we have normal impregnation. We have here nothing more to do with the ovule, the product of each menstruation; but we must see

what good the menstrual flow itself may be, apart from being the medium of the ovule. The flow itself stands before our minds thus :—Suppose the monthly period were a mere ovulation and nothing more, how would matters stand? The woman would have nothing wherewith to nourish the impregnated ovule ; with each ovulation there is a menstrual flow of the vital fluid ; and if there be no impregnation, the flow is, as we have seen, cast away as waste, purely and simply : with the ovulation and for the contingency of an impregnated ovule, comes the flow.

After impregnation the period ceases. Why ? Because the nourishment it contains is needed

within the economy of the mother for feeding and building up the child, AND FOR STRENGTHENING the woman for the work of parturition, and then for suckling. The expansion and consolidation of the woman during gestation is very striking and remarkable, and for this extra growth food is required, and this can only come from her own blood. Thus the normal woman's digestion is equal to producing blood enough for herself, *together with a monthly surplus*, which goes to waste if the ovule meet with no spermatozoon; but if it does, and due fructification result, the woman's organism simply goes on as usual, only the monthly surplus is here not cast away as waste, but is retained and

used for building up the new being until it is born, and then during lactation there is normally no monthly flow, as it is diverted into the breasts in the form of milk, to nourish the babe during the early months of its life till its teeth grow, and then in due course the breasts become dry, the female organism reverts to active menstrual life, and goes over the same ground again and again within its known limitations. But that is not all !

The Menses constitute a means of Purification for the Organism.

The monthly flow, however, subserves a further use, viz., that of purifying the woman's blood and through it her organism ; and here

we must pause and fix upon our minds the importance of this monthly loss as a means of purifying the entire individual for the time being, for herein lies the central idea of this work.

With the monthly period the woman throws away her disease elements and products, her monthly period is a monthly purification.

Has any one ever seen a normally menstruating woman in an acute attack of gout of the classic variety? I never have; clearly the gout is cast out menstrually. And so we observe that *menstrually active* women have—apart from their own peculiar ailings—by far fewer diseases than the corresponding man. So much is this the case, that women commonly live longer than

men, and this I attribute to their power of monthly purification, to a very large extent.

In my opinion it is very rare for a woman to die of child-bearing, though deaths in childbed are not uncommon; at any rate I have rarely known a woman die "of" childbed; in childbed, yes.

Assuming that there is no danger of blood poisoning from the accoucheur or nurse, or from food, air, or water, or whatnot, and assuming that the woman is well built, and that she have no CONSTITUTIONAL TAINT, then there is practically no danger in child-bearing.

Deaths in childbed are very largely due to pre-existing disease proclivities in the parturient person, and these are generally expressed

by inflammation and hæmorrhage. The most common causes of child-bed mortality are certainly inflammation and hæmorrhage.

Hæmorrhage is, most usually, due either to a consumptive taint of the individual expressed in the pelvic parts, or to other locally expressed disease, and is no necessary part of child-bearing. That is to say, child-bearing is, in the normal and under healthy conditions, a healthy thing, fraught with absolutely no danger whatever to the parturient person, all danger is from the abnormal. A distinguished lady journalist wrote not long since that a woman "descended into the valley of the shadow of death in order to bear a child!"

What ineffable twaddle!

Dysmenorrhœa, or Painful Menstruation.

Pain at the period is so very common that not a few regard the pain as a part of the bargain. Such is, however, not the case by any means. I am prepared to grant that a little discomfort and malaise may be normal to the time of the period, but only very slightly so ; if it ever comes to pain, there is something wrong.

I hold that every woman who suffers from dysmenorrhœa is, so far, abnormal and ailing in some particular ; it may not be much, but pain at the period is not normal.

Menorrhagia.

The precise amount of the period to be within the limits of

normality is not easy to determine, depending as it does on family, race, mode of life, and other things; still we can in a given case fairly easily determine where enough leaves off and the too much begins.

Just pain at the period proclaims that something is wrong, so does an excess of the flow, in an even louder tone. I have noticed many, many times that whenever a woman has persistently suffered from excessive menstruation, the change of life rarely fails to disclose the cause; for, as the flow diminishes, so, in equal pace, do some other constitutional ailings crop up. A very common thing is rheumatoid arthritis, expressed as swellings of the bones of the fingers.

Amenorrhœa.

When the menorrhœa ceases we call it amenorrhœa. That this state is wrong needs no demonstration, and of course the same may be said of insufficient menstruation.

It lies without the scope of this little work to dwell upon menstruation other than in this short manner. We are here concerned more with its final cessation, and thus only glance at it in outline to get a clear notion of where we are in considering the Ills and Ailings incident to the Change of Life.

We may as well begin with, perhaps, the most common of all post-menopausial troubles, viz., *The Flushes.*

Heats and Flushes.

One of the most common com-

plaints of women after the menopause is *Heats and Flushes*, and the phenomena are very curious and not easily understood. Personally I have never been able to satisfy my mind whether they are morbid or normal; but all things considered, I incline to the view that they are not normal.

When I first read that *Lachesis* controlled these flushes, I was very much astonished, and took an early opportunity of putting the statement to the test of clinical experiment, and found it quite true. Forthwith I jumped to the conclusion that *Lachesis* cured these flushes; but after a time I found that though they are to a large extent controlled by it, they are not really curable thereby. The flushes

persist in recurring. The same may be said of *Glonoin*, but of this I have but small experience. Dr Richard Hughes speaks very highly of it. The similitude offered by the provings of *Urtica urens* to the flushes led me to use it in lieu of or after *Lachesis*, with the same results, viz.,—prompt but passing amelioration. And there the matter rests with me. A genuine cure of the flushes as a morbid entity I do not know. We must fall back on the repertory, and find the simillimum for each individual case—an awful labour, deny it who may. That something which lies behind the symptoms of the flushes is to me an unknown quantity.

Leucorrhœa in Relation to the Menopause.

Ordinary leucorrhœa ceases with the period to which it very commonly stands in relationship. Where the whites persist after the change of life, we must regard it as the expression of a morbid constitutional state, and very often of positive womb disease. And as leucorrhœa usually ceases with the period, the organism is also thereby robbed of a constitutional outlet for many morbid products. This may not be orthodox doctrine in the schools, but it is certainly the doctrine of nature, as any clear unbiased observer may see for himself. The practice of using injections for the whites is

utterly bad, a downright sin against nature's ways.

Years ago I was called upon to treat a young wife for a small tumour of the breast (interstitial mastitis) that much puzzled me; patient was accustomed to use injections for the whites, and to this I attributed the lump in the breast. My view of the case was so distasteful to the lady and to her husband that I was dismissed as an incompetent adviser. The sequel proved, however, that I was right, and after the lady's death the grief-stricken husband came round to my view—too late.

For twenty years I have been noting the ill-effects due to the suppression of the whites by injections, and I could fill a book

with proofs thereof. I take every opportunity of denouncing the practice as altogether damnable. If you cannot cure the cause of the whites, for heaven's sake let the thing alone—at least do no harm. But patients will have them, colleagues tell me. Will they? They never have them from me, and the thing, duly explained to the sufferers, usually offers no difficulties. Moreover, leucorrhœa can be readily cured by homœopathic remedies, and injections are therefore needless.

The talk about personal cleanliness and comfort is mere moonshine: all mucous membranes are self-cleansing, and the use of injections, far from being sweet and clean, is in fact a dirty proceeding.

Why, the epithelial cells are being constantly cast off with all the impurities clinging to them, and extruded from the body, and exquisitely clean brand new cells are left behind—the tubings of the human body are living tissue, not drain-pipes. Who cleans the lining membrane of the fæces-carrying gut? It is self-cleansing, and so is the lining membrane of the vagina. Well do I know that practically all the gynecologists of the civilised world tell their lady patients to use vaginal injections for purposes of cleanliness: the error of this teaching is stupendous, and fraught with untold evil consequences, and nasty and vulgar to boot. Am I conscious of the terrible opposition my thus ex-

pressed view of the perniciousness of the practice of using vaginal injections will call forth?

I am, and defy it all. The practice of using vaginal injections is damnable, and I damn it accordingly. Leucorrhœa is not in itself and of itself the disease, but the cause of the leucorrhœa is the disease. And not only so, but the leucorrhœa is of many different natures and qualities, just the same as is hæmorrhage: in fact, what is leucorrhœa but hæmorrhage without the red blood corpuscles? At this point it seems almost imperative to prove that leucorrhœa is a constitutional ailing that may not be suppressed; but its full consideration here would lead me too far away from "the Change of Life,"

when the whites is a thing of the past.

Nature's Days of Wrath and Vengeance.

So long as the menses offer an outlet for disease-products and disease-germs, so long is the organism of the woman kept free for the time being; but neither primary nor what I would term "echoic" diseases are thereby cured, and we may very aptly compare the state to that of baling-out a leaky ship: if the baling-out process be adequate the navigation of the leaky ship is not greatly interfered with, but if the baling-out is less than the leakage the water accumulates and in time sinks the ship. Precisely so is it with the diseases of menstruat-

ing women: during the period of active menstruation the baling-out of disease elements by the female organism is commonly adequate, and the woman lives on fairly well; she is indeed a leaky vessel constitutionally, but the leakage of the month is baled out, so to speak, with every menstruation. And just as with the leaky vessel, the time of the ultimate sinking comes on by degrees, not all at once; so, as the menopause begins to cast its shadows before it, we see symptoms in our patients of defective depuration in the form of "spasms," dyspepsia, rheumatoid arthritis, uterine trouble, tumours, eczema, asthma, cancer. Let any physician listen attentively and sympathetically to the health-histories of a

few scores of ladies in their sufferings at the change of life, and carefully note all their historic points, and he will find that the troubles *at* the change of life are not *of* the same, but far anterior to it: the ills and ailings incident to the change of life in women date from, often, far back in their lives, or in the lives of their parents, and are, as it were, the stems, branches, leaves, flowers, and fruits of the long-gone-before. This in a general way, I will come to the concrete anon; here I merely desire to state in general terms the ground-thought that many of the ailments at and after the menopause seem to me to be, so to speak, nature's wreakings of wrathful vengeance for persistent dis-

obedience during the previous course of the life, and by Nature I mean the laws of nature in accordance with which we do not reap oats when we sowed barley. What evidence of this can I bring?

Let me go to some of the first of the cases that have passed under my own observation, and which I took down from time to time.

Addison's Disease from Suppressed Leucorrhœa.

In the month of July 1891, a New York merchant brought his wife to London to place her under my care for vomiting, great debility, weakness, and a brown discoloration of the skin. Patient was forty-one years of age, and was still regular, but had had no chil-

dren. That Addison's disease is a branch of the tree known as tuberculosis seems very possible; but although this patient was in a state of debility in her youth which bordered, they said, on consumption, and her own father had succumbed to phthisis, still the most striking symptom was a fearful backache that resisted all treatment, and in the main my remedies did patient but very little good. It did not matter whether the remedies chosen were high, low, or medium, or whether the prescriptions were routine ones, "snap-shot" ones, or laboriously repertorial—they all failed more or less; and although amelioration frequently set in here and there, and patient would begin to get

better and to carry a little healthier colour, still none of the spells of improvement was lasting—mine was a veritable work of Sisyphus. So passed three years, till one day she exclaimed to me—"I have the whites, and I am now not able to check them like I have been."

Further conversation elicited the fact that the *beginning* of patient's ill-health coincided with the cure (?) of her severe leucorrhœa with injections! And during all these three years of my generally pretty close prescribing, as soon as she began to mend a bit the whites appeared, whereupon these were attacked and quelled with injections, and patient went worse again! It was a very different affair as soon as the injections were

given up, and in a few months patient was vastly improved, and got into fair health, but never really well, and died of vomiting and debility after a very long railway journey, followed by a long carriage drive in the cold in July 1896, no doubt of Addison's disease. I quote the case here merely to show the part in it played by leucorrhœa, otherwise it does not touch our subject very closely. But it brings home to my mind the fact that in this case, at any rate, the leucorrhœa was an outlet from the economy, and beneficial to it in the same sense as a leaky boat may be kept afloat by adequate baling-out of the water, no matter how laborious the baling-out might be. It is most probable that if this lady's leu-

corrhœa had been let alone, she would have fared better ; and had the causal tuberculosis been first cured, early in life, Addison's disease would never have developed.

Leucorrhœa is often a manifestation of a tubercular constitution, and when suppressed leads to graver developments of the same diathesis. And surely if leucorrhœa is sometimes a manifestation of a tubercular diathesis, it is not the leucorrhœa which is primary, but the tuberculosis, which is the real disease, and the leucorrhœa is secondary to it, and its existence constitutes in the main an outlet for morbid matter or disease-stuff of some kind. These are not fanciful pictures, but based on facts from my own experience, and they may be seen in my (and

anyone else's) clinical work any day and almost any hour.

Change of Life, Fibroid Tumour of the Uterus, Hæmorrhoids with very severe Recurrent Hæmorrhage from the Bowels.

A childless widow, fifty years of age, was brought to me on July 9, 1891, suffering from the above very formidable ailments. She changed a year previously, and ever since gets attacks of bleeding piles every five or six weeks. The fibroid tumour was about the size of a man's fist. Patient was very pale and ill, worse towards evening.

Patient was discharged cured at the end of 1893, she having attended very regularly all the time. The tumour slowly dis-

appeared, the attacks of piles ceased, as also the rectal hæmorrhages. I only name the case here because of patient's old, old habit of *using vaginal injections*, which, in my opinion, led up to the formation of the tumour. Leucorrhœa is a catarrh differing very much in pathological quality in different cases ; there is not one substantive disease called leucorrhœa, but the thing is commonly of a depurative nature, and stopping it by local measures is a wrong proceeding. Leucorrhœa may in many ways be compared to eczema of the skin, for eczema is also a catarrh, often of a depurative nature, and treating eczema by local remedies, unguents, and lotions is equally a wrong proceeding.

Note on *Lyssinum.*

I do not know where to fling in an odd note on this important remedial agent that I have used for a good many years in here and there a case, and in its own little sphere of influence it is even in erotomania, with me, a tried remedy. And I have extended its use to some of those many cases of spasms and the like, so often met with in clinical life, whose cause is really primarily from unsatisfied sexual longings, often called hysteria. The sufferings of the celibate state, notably in women, are at times amenable to its benign influence, and to this I was partly led by a consideration of the prime cause of rabies, viz., pent-up sexual longings. We will not dwell too

much on the subject, but I feel bound to name this, my valuable clinical friend. I use 30 and C. and higher only. And when we reflect on the truly awful sufferings of this lyssic state in the human subject, we must gratefully accept the help which *Lyssinum* can give. Of course, like all homœopathically used remedies, it fits only certain cases, not by any means all, for *Med.* and *Luet.* (both high) also play a great part in such loveless states.

"I am roused in the night with such fearfully horrible, sinful feelings" calls for *Med.*

"No sooner does night come on than I am a prey to such dreadfully sinful desires that drive me mad" calls for *Luet.* Now are all these sin? I cannot think so; to my

mind they are no more sinful than colic or neuralgia; they are just the sufferings of our common humanity, and what sufferings too! Much worse than mere pain.

Is Leucorrhœa a Disease?

Yes. Certainly, just the same as pain—only forcibly drying it up is no more a cure than lulling pain with opium.

Although I hold and advocate the view that leucorrhœa is a beneficent function, I do not consider the leucorrhœa a sign of health, and so I do not let it alone.

Leucorrhœa is the servant of the organism ridding it of something; leucorrhœa in itself is disease, but only vicariously for the organism. I always treat leucorrhœa as a dis-

ease, though not locally at all, but constitutionally, and by preference by high potencies, so as to be quite sure the cure is radically organismic. The leucorrhœa that leaves off at the change is often of rheumatic or rheumatoid nature, and very soon thereafter we see the ends of the fingers begin to get knobby. The change of life is a perfectly harmless thing in the absolutely healthy, for in itself the Change of Life is absolutely free from morbid sequels in those who are really and truly healthy. Perfectly healthy—really normal — women have no pain at the period, the period is moderate in quantity, there is no pain and no whites, and when the menopause arrives the function ceases almost without the woman's knowledge—

she merely knows that the thing has left off, and there is an end of it. That is normality. There are many degrees of ill-health, but the absolutely normal woman is *not*, by reason of her sex, a suffering creature at all, either at puberty, or at the menopause, or at any time between ; and not only so, but her health is better than that of the corresponding man, by the very fact that her sex provides her with an automatic depurative overflow for superfluities and impurities ; so much is this the case, that many women in a blooming state would, if they were males, be on a much lower scale of health, or not even alive at all. But these, when the menopause comes, lose the manifold advantages of their sex, and descend to the common

(male) level. Wherefore a truly normal woman when she passes the menopause enters upon a period of vigorous life in which she manages a good deal more than half creation. A perfectly healthy child has no trouble with his teeth, they are simply found, nobody knows when they come; even so is the menopause in perfectly healthy women.

Tumour of Left Breast at the Menopause.

It is very instructive to note the beginnings of tumours principally in the breasts and womb as the change of life *is looming*, but has not yet arrived. I read it thus: The pre-existent constitutional taint that heretofore has overflowed and sailed off in the menstrual flux

no longer does so completely, and hence the organism has to deposit what has remained behind somewhere, and this constitutes the beginning of many of the tumours. Of course the causation may not be *merely* a lack of elimination by way of the period, but it is seemingly so to a large extent.

Miss X., forty-five years of age, came under my observation on 27th October 1891 for a tumour in her left breast, that had been growing for about a year. We observed an induration of the tissues, about the size of a child's hand, in the outer aspect of the left breast; it was tender to touch and somewhat painful; worse at night. Period painful, regular; whites formerly pretty bad, but they had disappeared for

some time, and were now returning slightly. Tongue very frothy, in two rows.

℞ *Viburnum θ.* Ten drops at bedtime.

November 19th.—The tumid, indurated mass is nearly gone ; much painful indigestion.

℞ *Tc. Bellis p. θ.* Ten drops in water at bedtime.

January 21st, 1892.—No pain last period. Less hæmorrhoids.

℞ *Hydrastis Can. θ.* Ten drops in water night and morning.

March 17th. — Breast well ; whites gone.

December 1892.—No return of tumour, and patient quite well in herself.

The Precancerous Bleeding Womb at the Menopause.

There are a large number of cases of bleeding from the womb at, and about, *and after* the change of life that come before me, that are almost always considered by me as incipient cancer. That they are cancer in the early stage I have no doubt whatever, but inasmuch as they get well, often very quickly, under the use of Gold and other remedies, I will content myself with speaking of them as the precancerous bleeding womb.

Mrs W., forty-four years of age, mother of nine children and had also four miscarriages, came under my observation at the end of the year 1891. She had for the past

five or six months considerable bleeding from the parts on and off all the time, but particularly excessive about the period. Some years ago patient vomited a good deal of blood. She is very weak and anæmic, and is, in the opinion of her own doctor, suffering from incipient cancer of the womb. Her mother died of cancer of the womb at seventy-one, and one of her sisters died of internal tumour at fifty.

℞ *Aurum muriaticum* 3ˣ, ℥iv. Three drops in water three times a day.

Feb. 9th, 1892.—Patient is very lavish in her praise of this medicine. "Oh, I am so much better, the bleeding has gone." She feels very much better in herself; the tenderness of the womb has

gone, and it is now normal to the touch. To go on with the medicine for some time.

I never heard any further of the case, and I should not have narrated it at all, were it not that it is only one of numerous cases of the kind that have come under my care, and of which many have promptly got well under the action of *Aurum*.

The Precancerous Bleeding Womb.

Some years since, Mrs E., sixty years of age, was taken suddenly with hæmorrhage from the womb, and fainted while on a visit to the house of a patient of mine. The local doctor (a very experienced all-round learned practitioner) was hurriedly

sent for, and declared it cancer of the uterus. It transpired that attacks of bleeding had been the rule with her for years past, which her anæmic, cachectic look fully corroborated; the bleedings were very ill-smelling, spoken of as "fleshy," like "cold soup." Patient had a large blood bleb on lower lip of long standing. The diagnosis being called in question, a second opinion of the chief surgeon of a well-known cancer hospital was sought, and he fully confirmed it. The lady returned home and had the infirmary doctors of her native city to see what they thought of the case, and they agreed that it was cancer, and recommended immediate operation.

"No," said patient, "I'll not

be cut about ; I have seen enough of that. If I'm to die, I'll die ! "

I put her on *Aurum*, as in the previous case, and in three months she was seemingly quite well.

Three years later she had bleeding again, and the same remedy again put her right.

Two years after this she had another relapse, the smell being very bad.

The same remedy was again ordered, and again it put her right, and so she continued when I last heard from her. She must now be about seventy years of age.

September 23rd, 1896.—I happen to have just received a letter this very day from this lady's friend, from whom I enquired about the patient's state last Tuesday. She

says :—" Mrs E. came to see me to-day ; she is a good deal better, and seemed in good spirits."

December 23rd.—She writes :—" I am a good deal better ; all discharge has ceased."

Spring of 1898.—On enquiry I hear : " Mrs E. continues well."

Neurasthenia at the Menopause.

A maiden lady, forty-three years of age, came under my observation on January 19th, 1892, telling me of her painful nerves and flushes that have troubled her ever since she changed. She gets gouty swellings of the feet, and has whites. Is much given to sleeping draughts. The womb is somewhat large, the pain in the feet considerable, depriving her of

sleep. On condition that she abjures sleeping draughts once and for all, I undertake her case. This is an invariable condition with me, as it is quite impossible to really cure people who take hypnotics.

I gave *Fraxinus Americanus θ.* Ten drops in water at bedtime.

March 3rd.—Has done her much good; womb is lighter, and she is better able to do her work. She sleeps now quite well without any sedative, a sure proof that the neurasthenia was here primarily a womb ailing.

Flushes no better; skin very irritable; costive.

℞ *Tc. Urtica ur. θ.* Five drops in water night and morning.

March 31st.—"The first bottle

suited me better for nervousness; flushes much better; general health also."

Followed a month of *Fragaria vesca* θ, and then *Fraxinus Americanus* θ, when patient had nothing further to complain of beyond her hard lot in life, for which latter I, however, know no healing herb.

General Break-up at the Menopause—Ulcerated Womb.

Weak constitutions often break up at the change of life, particularly if there is any great trial falling to their lot, which in this life is common enough. Such a case came under my observation in the spring of 1893.

Mrs X., aged fifty-two, mother of six children, tells me she has been ailing very much ever since the

change; the womb is ulcerated; she is "nothing but skin and bones;" chronic cephalalgia, insomnia; she retches and vomits; she complains of "whirlings like windmills in her head."

Her physicians have practically given her up, and they all have put her on sleeping draughts and "soothing injections."

"My husband is dead," said she, "and I am, as you see, not far from it, and I do not care to live any longer except for my dear children; my poor darling who has gone home would like me to try and live for our children's sake."

I consented to treat her on condition that she should give up all narcotics and all local messings for the internal ulcerations.

Her grief was the very first point to consider, and this, with the vomiting, more than justified my first prescription, *Ignatia amara* 1^{x}, $\bar{3}$ss; five drops in water three times a day. This having done good, the primary constitutional blight had to be seen to, as this it was that produced the extreme emaciation: one of her sisters had died of phthisis, and hence I ordered *Bacill.* CC.

Then followed *Puls.* θ, *Nux* 1, *Quassia* θ; and patient's digestion and general condition were much improved. But the nervous symptoms were very distressing: almost complete adynamia. Several months under *Kali phos.*, 6 trit., and then a short course of *Cypripedin* 3^{x}.

September 27th.—"I am fatter;

my nerves feel better, and altogether I feel stronger."

℞ *Scutellarin* 3x. Six grains dry on the tongue twice a day.

October 25th.—Nearly well of all her nerve troubles; sleeps, however, very badly.

℞ *Bacill.* C.

After this patient never looked back, and she is to-day in a good, healthy, plump condition, and, humanly speaking, good for another quarter of a century.

In grave, complicated cases it is best to pick out the central points in them and start *from* them. Thus, in the foregoing case, there were—1, grief; 2, consumptiveness; 3, neurasthenia—and from these out the therapeutic efforts were directed.

The totality-of-the-symptoms principle was here not the best, because of the several different causations of the symptoms which were thus of different pathological qualities.

At the change of life it is well to keep the fundamentals of the basic constitution of the person well and fixedly before one's mind, and in the second place construct a history of what the individual has gone through, and then separate, mentally, the various groups of symptoms and cure them group-wise and not altogether—only thus is success in grave life-threatening cases possible.

Retardation of the Menopause.

It not infrequently happens that when the time has arrived for the

period to cease, it will not do so; that is to say, there is bleeding but no true ovulation, and this is disease. When ladies over fifty years of age say to us chirpily—"Oh, I have not changed yet!" the statement is commonly of some gravity. The period due to an ovulation is health; the quasi-period is only hæmorrhage of the same nature, as, for instance, the bleeding from hæmorrhoids or from the lungs, and each kind of hæmorrhage has a pathological quality of its own. Thus, when a consumptive person bleeds at one time from the lungs, at another from the hæmorrhoidal veins, and at another from the vagina, the hæmorrhage is in each case presumably of the same pathological quality.

Mrs G., fifty years of age, mother of six children, came to me on September 22, 1892, telling me she was still regular, but the flow was very excessive. Close enquiry showed that the thing was not an ovulatory period, but an habitual periodical hæmorrhage. With her first child patient had had white-leg (phlegmasia alba dolens), which left leg still swells and troubles her. Those conversant with this form of leucocytosis will not marvel when I say that after a three months' course of *Thuja* 30, *Sabina* 30, and *Cupressus Lawsoniana* 30 (each one month by itself) patient's left leg became comfortable, and her periodic bleedings from the uterus ceased.

When the period is unduly prolonged, in nine times out of ten it

is no longer an ovulation at all, but there is something wrong with the person, which wrong should be set right in lieu of making efforts to stop the bleeding.

Case of Precancerous Uterus and Abdominal Tumour after the Menopause.

The name of precancerous uterus is not an accepted nosological entity, and what I really mean is cancer; only as patient has got quite well, some other name must be found, and whatever its nature, certainly it was a case of greatly diseased womb coming after the menopause. So much is quite certain.

In the region of the pancreas there was a swelled mass. Patient is

a maiden lady of fifty-two years of age, and came to me in the spring of 1893, saying she had changed several years ago, and now for the past five years has an ill-smelling copious discharge from the vagina, principally thick, mattery, and yellow. After using *Sul.*, *Urtica ur.*, *Trifol.*, etc., I on June 22 prescribed *Aur. mur. nat.* 3^{x}, five drops in water night and morning, which was continued for nearly four months, and the discharge slowly diminished, and in October had ceased. In November the discharge had returned, the right breast swelled up very considerably and was tender, and *Tub. t.* C. was given for several months, and then *Aurum* for a number of months, and patient was discharged

cured in April 1896. Patient's mother died of cancer of the womb, and a sister of cancer between uterus and rectum.

Prolapsus Uteri of Many Years' Standing.

A widow lady, fifty-seven years of age, was conducted to me by her sister on October 9, 1888, suffering from prolapsus uteri of many years' duration; the exact number is not noted. She is obese and scant of breath. Cannot move about without her pessary, which she, however, only wears by day, and places it in position herself. Flushes, leucorrhœa, and occasional bleeding from womb.

℞ *Tc. Helonias dioica* θ, ʒiv. Five drops in water night and morning.

November 27th.—*Thuja.*

December 29th.—Can now go about without pessary without any particular inconvenience.

℞ *Helonias dioica* θ.

February 2nd, 1889.—I have felt wonderfully easy without any pessary.

℞ *Rep.*

April 11th.—"I can walk quite well without knowing anything is wrong." Leucorrhœa pretty bad at times.

℞ *Aletris farinosa* θ, ℥iv. Five drops in water night and morning.

May 14th.—Was quite well, but has now a little intravaginal pressure again, which she thinks has come from over-stretching.

℞ *Sabina* 3.

September 26th.—Complains that the *Sabina* does not suit her so well as the former drugs; womb coming down on over-exertion, but now when it does it is much softer than it used to be.

℞ *Helonias dioica θ*, which finished the cure.

Seven years later, September 1896, this lady came in to see me the other day, and tells me she continues quite well in all respects, and is very active on her feet, as she now keeps her bachelor son's house in the country. Has never used a pessary since November 1888; but during the whole of the interval I have heard from her at odd times, and have, time and again, repeated the remedies before-named whenever over-exertion,

etc., had produced discomfort or slight relapses.

Pruritus.

After the menopause (and also before it), but particularly as the turn of life approaches, and often for many years after it, the peculiar irritation known as pruritus or itching is apt to become very troublesome indeed: it is located mostly in the vagina, vulva, or anus, or thereabouts. It is often accompanied by eczema, and may be symptomatic of internal disease. It is usual to order soothing applications for this ailment, and their name is indeed legion.

Is the treatment of pruritus by soothing applications efficacious and rational? It is neither. I grant

that a little *Calendula* ointment, lanoline, or vaseline, or the like, do ease for the time, and that, perhaps, harmlessly, and that is no small boon, as it allows patients to get to sleep. But when it comes to forcibly lulling sensation of the parts with active sedatives, I believe such a proceeding to be very harmful.

A proper course of homœopathic treatment commonly suffices for its cure, but not always; there are some obstinate cases that defy all known efforts at cure. The very largest amount of success is obtained when we abstract ourselves from the name of the ailment and study the constitutional bearings of the case, and treat the woman's organism on general principles. Here the total-

ity-of-the-symptoms principle works exceedingly well, particularly where the pruritus seems to exist by itself without any diagnosable anatomical pathological basis.

Taken by itself, the most frequently successful remedy in my hands is *Caladium seguinum*, about the fifth dilution. It almost always does some good. *Sepia* comes next, but personally I generally have recourse to nosodes before I can really and radically cure it.

Sometimes the spleen is at fault in pruritus vulvæ, and when the irritation is at the seat the liver may require attention. Some people find that pruritus ani will depart when the usual nightcap on retiring for the night is omitted.

Cases of pruritus vulvæ are some-

times due to tight-lacing—in fact this is pretty frequently the case in ladies of full habit and slightly disposed to gout: if such patients happen to lie abed for any trifling indisposition they are not troubled with pruritus, as the viscera are thereby relieved from pressure. A lady consulted me not long since for a tumour in the vagina: it was a vaginocele about the size of a Tangerine orange. "And is it not strange," said she, "the lump goes away very often when I stay in bed for a day or two, but it is generally there soon after I have properly dressed," *i.e.*, when she had put on her stays. I explained the matter to her, and recommended a discontinuance of the lacing; but I hear from her husband that she

laces tighter than ever, and, of necessity, the vaginocele persists. Most commonly there is a pathologic quality underlying the pruritus, such as gout, scrofula, eczema, when, of course, we must look away from the symptom pruritus, and attack the said pathological quality.

Post-Climacteric Cataract.

There are many kinds of cataract in quality and in causation,—even senile cataract is of different pathology in different cases.

In spite of jibes and jeers, sneers and snubs from many very superior persons whose world is spectacles, I still maintain that many cases of cataract can be cured by medicines.

Difficult task? Oh, yes, very; but difficult does not spell impos-

sible. Cataract in women at and after the change of life is, probably, the least difficult of any to cure with medicines. My plan is to subject patients to, say, a given constitutional course of treatment by high dilutions, and when this seems to have done all that can be achieved, I put patients on small material doses of uterine remedies, principally *Pulsatilla* θ, in from five to ten-drop doses once or twice a day. The result is often very satisfactory. Thus, some time since a clergyman in Bedfordshire wrote to me that his wife's vision was returning, and begged me to continue my treatment. The cataract was almost ripe of the left eye ; it began about the change of life, and has taken ten years to get mature. When I

first undertook the case I gave as my opinion that no medicines would do any good, because the lady is a great weeper: she will shed tears in abundance on any occasion of the least excitement, and I thought it hopeless to expect lenses to clear under such circumstances. Tearfulness is an admitted indication for *Pulsatilla.* I saw this lady not long since and asked her how she could see. "Oh, very much better, thank you." With the naked eye, and to a casual observer, the cataract is now not visible, whereas formerly all her friends knew quite well that she had "something in the eye," and now her intimates remark to her that "that thing in your eye is gone."

The lens is not clear when duly

examined, but it is clear enough for fair vision, which is not a bad result for a lady verging on sixty-six.

Chlorosis considered as Menstrual Auto-Infection.

M. Charrin regards chlorosis as a menstrual auto-infection. He says that the poisonous qualities of the blood serum is at its highest pitch just as the period is coming on, and he calls attention to the well-known fact that suckling women who happen to menstruate while suckling, are apt to give their babies diarrhœa or skin eruptions. But M. Charrin's work is so important from my own standpoint, that I give the notice of it as I find it in *La Semaine Médicale*, viz. :—

"Au moment ou les règles vont

survenir, la toxicité du sérum est en croissance ; les nourrices qui, par hasard, conservent leurs menstrues, à ce moment plus qu'à tout autre donnent des diarrhées, des éruptions à leurs nourrissons ; à ce moment, également, chez de nombreuses femmes, la fièvre, l'herpès ne sont pas rares ; puis l'écoulement se produit et tout rentre dans l'ordre ; les migraines cessent, les douleurs musculaires disparaissent, l'appétit revient, les signes d'empoisonnement s'évanouissent.

" D'un autre côté, des recherches expérimentales, malheureusement encore insuffisantes, entreprises par P. Carnot et par l'auteur, conduisent à des conclusions analogues.

" On est en droit de penser que la

fonction menstruelle *purge l'économie de certains poisons ; les organes génitaux ont, à cet égard, un rôle d'élimination.*

" Si, sous l'influence de l'hérédité, de la scrofule, de la tuberculose, les tissus appauvris se sont insuffisamment développés, cette insuffisance de développement a porté sur les organes génitaux comme sur les autres ; ils remplissent moins efficacement ce rôle d'élimination.— D'autre part, durant les premières années, les dépenses de l'être sont minimes ; à l'heure de la puberté, elles s'accroissent rapidement.

" A ce moment éclate l'imperfection des cellules demeurées trop petites ; les produits de la désassimilation devenus soudainement

abondants sont élaborés d'une façon vicieuse ; de là une première cause d'auto-intoxication, car on sait que plus ces produits sont métamorphosés, oxydés, moins ils sont nuisibles. L'étroitesse des artères, spécialement de la mésentérique qui se rend à l'intestin, de la pulmonaire qui a charge de la nutrition gazeuse comme cette mésentérique de celle des solides ou des liquides, ajoute encore à ces imperfections des échanges.

" Sur ces processus généraux d'auto-intoxication vient se greffer un troisième facteur, celui-là tout particulier, donnant au mal sa caractéristique, faisant de lui l'apanage du sexe féminin : c'est l'obstruction de la voie dépurative génitale, qui ne conduit pas au dehors les prin-

cipes nocifs destinés à suivre ce chemin." (*La Médecine moderne*, 11 janvier 1896).

What is here said of chlorosis bears directly on my present subject of the menopause—in fact, the very same idea underlies it, except that I would hardly term it auto-infection or self - poisoning simply, but I would qualify adjectively, so as to bring out the central idea that it is not a poisoning of the individual by herself, but by her own products, due to defective elimination. Only, of course, chlorosis is at the beginning or early part of menstrual life, and the change of life at its end; but cessation of the menstrual flux is the one element common to both, either in whole or in part.

CLIMACTERIC—CASE OF CATARACT MUCH IMPROVED BY *Pulsatilla.*

A well-preserved, fresh-looking maiden lady, fifty years of age, came under my observation at the beginning of 1895 for incipient cataract, which began when the periods began to wane.

For six months patient took *Pulsatilla* θ, seven drops in water at bedtime.

September 3rd, 1895.—Distinct improvement in her vision; left side of tongue swollen. The same remedy was again ordered and persevered in, with pauses, and the report in June 1896 was :—"Oh! I see very much better."

The Change of Life in Women and the Ills and Ailings incident thereto

cover such a wide range that one hardly knows how to keep to the text. But it has to be done if we are to progress from the standpoint of the past, which comes out in the following narration :—

I once heard of an old physician who had a very kind heart, and also no end of other good qualities, who was wont to comfort folks in this wise : When a young girl had any obstinate ailment that kind-heartedness and talky-talky could not cure, and that opening medicines would not carry off or tonics tone away, he would assume a happy aspect and cheerfully tell the girl's mother, "It will all come right when she becomes a woman." This little oft-repeated fable usually quite satisfied the mothers.

When young ladies were brought to him with ailments of divers kinds, their mothers were comforted with the cheerful assurance that the patients would be all right after they got married, which sometimes came off, but more frequently their ailments became even more troublesome thereafter. When middle-aged ladies consulted him, he was very apt to console them with even greater confidence, by suggesting that all their troubles would be over after the "change of life." And so his world wagged on very comfortably, and in the end he found himself the possessor of an ample fortune and a title conferred upon him by his gracious Sovereign for his distinguished services to medical science. Certainly he dis-

pensed much cheery comfort during his long life, and was never known to shock the profession with any notions contrary to accepted views, and whenever he felt that he might have shown a leaning towards any question at all fraught with danger to the comfort or dignity of the profession, he would suddenly pull up and remark, that such at least had been the privately-expressed opinion of his late lamented friend and master, that distinguished gynæcologist, Sir Jasper Pessary, than whom no more learned or more honourable physician ever adorned our profession—he feeling it his duty to give the late Sir Jasper credit for this opinion. Indeed, the question was no less delicate than important, involving

as it did the highest interests of our glorious profession. The question was eventually brought before the Medical Society of London, and was thus formulated :—Could a pessary introduced by a qualified homœopathic practitioner be removed by a qualified regular practitioner without loss of professional dignity ?

Needless to say the question was answered in the negative. Personally I rather rejoiced at the decision, for I could not help saying to myself and to a few intimates, that homœopathic practitioners who (other than very exceptionally) make use of pessaries might once in a way put the homœopathic medical materials before their pessaries.

In my next Part I propose to take the Ills and Ailings of the Climaxis a little more connectedly, to the end that they may be recognised and either cured or avoided in the earlier phases of the woman's life, for this is the trend of much of what I here bring forward.

When I first began this little volume, I intended to write a much more elaborate treatise on the subject, but it has fallen far short of my original plan.

PART II.

Change of Life in Women: Its Ills and Ailings.

OF course we do not expect to find any virus-disease from without as peculiar to the Change of Life. The English name—change of life—is singularly appropriate: it is what its name implies and nothing more. The woman who is really in sound health—*i.e.*, of good constitution—is quite as well at and after the change as before. A good constitution does not then

become bad. It is, as it were, sleeping dogs that then wake up to bark and bite; hence it is that we must early look to the principle of heredity to get correct and helpful views of the troubles that beset a woman at the change, notably where they have lain more or less latent prior thereto. Manifestations of gout and rheumatism are most common.

Goutiness—Arthritism.

Like begets like, which no one can gainsay; but as two beget one, we have a third entity whose qualities are not absolutely apparent. When we learn to read, and come across a new word, we spell it; so it is with the hereditariness of disease. I have occupied myself a

good deal with this question, and hope to say my say thereon in due course. Here I must confine myself to its bearing on the subject matter of this book.

The offspring of a gouty parent must be gouty more or less, unless indeed the one of the twain completely neutralises the other, which is conceivable, but not probable. The girl that comes of a gouty father will teethe goutily ; she will menstruate goutily ; and at and after the change of life her ills and ailings will be gouty.

Many times I have remembered this point in the troubles of dentition with much advantage. Even in using the Repertory it throws a valuable side-light on the case, and helps. My two big guns in gouty

menopause are—*Bursa pastoris* θ and *Pulsatilla* θ. The similitude is very small; the dose must therefore be material, a few drops of the tincture; and on the treatment of gout I may fairly refer to my own monograph on the subject,* in which what I know of gout may be found. *Bursa pastoris* θ, ten drops in a tablespoonful of warm water at bedtime, is a very frequently indicated remedy in gouty ladies at the change of life. The gouty diathesis must be treated on its own merits in a woman just the same as in a man.

Note on *Bursa Pastoris*.

In my judgment, as I have else-

* *Gout and Its Cure*. London and New York, 1895.

where stated, the Shepherd's Purse is pronouncedly a uterine medicine. It is a very notable remedy in uterine sterility — pregnancy frequently occurring during its use. A gentleman was under my professional care for frequent nocturnal micturition of a gouty character, and I ordered him *Bursa pastoris* θ, ten drops in water at bedtime. On April 8th he wrote me that he could not take such a large dose, as it caused him "aching and fulness in the head, worse in the morning." At my request he resumed the medicine (*Bursa*) in four-drop doses.

June 10th. — On this day he brought the medicine back himself to me in the original half-ounce bottle, still two-thirds full

of the tincture, complaining very much of its "nasty rotten drain smell," and saying he could not take any more of it, for, says he, "it *flushes* my face so much that I cannot take it; I only took three drops this morning, and just see how it has flushed my face."

This symptom being pathogenetic, we thus get another remedy for the flushes, and it would be additionally indicated in gouty individuals, for *Bursa pastoris* often produces a notable output of gravel.

And, referring again to the *Flushes*, our apotherapeutists score one in the palliative treatment of this trouble; thus we read in the *British Medical Journal* of April 24, 1897, a note by Dr Fosbery, of Bournemouth, as follows:—

"Severe Climacteric Flushings Successfully Treated by Ovarian Extract.

"As medication by various glands is still on its trial, except, perhaps, that of the Thyroid in Myxœdema, individual experiences, if recorded, will help in estimating rightly its value, and in indicating the class of cases in which treatment may be used with benefit. It is with this object I record the following case :—

"Miss C., aged fifty-two, for more than three years suffered from severe menorrhagia, and during part of that time from metrorrhagia also. The latter was relieved by the removal of a pedunculated polypus growing from the cervix. The menorrhagia, however, continued,

the periods occurring about every three weeks, and lasting a fortnight or even three weeks. The bleeding was very severe, and not influenced much by drugs, though Ergot (both by mouth and hypodermically), Hydrastis, Liquor Ferri Perchloridi, Potassium Bromide, Hazeline, Arsenic, and Thyroid Gland were tried. During the last two periods, however, Calcium Chloride, in scruple doses, three times a day, seemed to have a good effect, but this might have been due to the natural close of menstruation. Frequent plugging of the vagina, sometimes twice a day, was the only means of controlling the hæmorrhage, with iced injections on removal of the plugs. Hot douches were not so effectual as the cold.

"When at last the periods ceased, the patient was much troubled with frequent and violent flushings, which at night, in winter, would wake her up, the face being in a burning heat, while the hands and body were icy cold.

"For these flushings I ordered five-grain doses of *Ovarian Gland three times a day.* For the first day or two there appeared to be no effect, then the flushings rapidly became less frequent and intense, and were nearly cured by the time three dozen doses were taken. The patient now tells me she is free of them, but gets a 'threatening' if she omits the capsules for some days. One dose occasionally keeps her free."

The treatment of the case is bad

from our homœopathic standpoint, and I only quote it as suggestive of the use of Ovary Extract in the flushes when *Lachesis* and other remedies have failed.

Cancerousness traced through Life clearly evidenced at the Menopause.

A gentleman brought his wife to me on June 26, 1897, for a painful swelling in her LEFT breast; and as the case brings out one of the chief points of this little treatise, I will narrate it pretty fully.

Mrs S., æt. forty-three, married these twenty years, but childless. Has pains in her left breast that wake her up in the night and cause her much anxiety. Her father died at sixty-three of diabetes; her mother,

at fifty-two, of *cancer of the* LEFT *breast;* her sister, of cancer of the same breast, at forty-three, just after the change ; a brother, at forty-five, of rapid phthisis.

The inner half of patient's left breast is the seat of a diffused swelling since the change, which occurred at forty years of age, that is three years ago.

There is nothing unusual in this history, but let us trace back her *health* history and see how that stands. Soon after marriage she was under treatment for womb trouble—ulcers at the os ; these ulcers were cauterized severely and oft, at times daily for weeks together ; they were then painted regularly and for long periods. She has been using vaginal injections for pretty

bad whites for many years. She injects hot water into the vagina on her physician's advice every day for the past fifteen years, and still the whites—yellow and sticky and corroding—continue the same as ever. "All my life I have never been ill and also never well." Right lobe of thyroid somewhat enlarged for a year past. The breasts often swell. Has had gallstones twice.

We are here not concerned with the treatment of this particular case (moreover, it was only begun yesterday), but it illustrates clearly what I hold and what I should like to teach, viz., that the various ills and ailings of women are not of a local nature, and must therefore not be locally regarded or treated.

I read the phenomena thus:

The ulcers at the os, the leucorrhœa, the sterility, were of a cancerous nature (precancerous, as Hutchinson would say), and inherited from her mother, and that the ulcerations and whites should have been treated on constitutional lines from the beginning in lieu of the local measures of cauterizing and painting the seemingly offending parts. And as to the treatment of the case, now it is manifest that we have to deal with a constitutional ailment located primarily in the uterus, and thence reflected on to the breasts, so ablation of the left breast would be useless, inasmuch as the root-ailing is located primarily in the womb. My object in narrating the foregoing is to bring before the reader's mind how

the thing appears to my mind—the ulcers and the leucorrhœa were not to be regarded as the ailment to be treated at all, they were only the local expression of the enemy within, and not the enemy himself—rather were they its voice.

What I am trying to say is that silencing the ulcers and leucorrhœa was bad practice, not only doing no good to the woman's organism, but rather harming her. So long as the monthly flow continued, so long did this lady live on in a fair state of health ; but since it has stopped she has ailed rather more, the right lobe of her thyroid has become enlarged, and now the left breast is enlarging and hardening, and has already become the seat of a good deal of pain.

The persistence of leucorrhœa

after the menopause is of considerable import, and certainly betokens positive disease of the womb (or ovaries), and the same may be said of the swelling of her breasts, for the breast is an appendix to the womb, and ever under its influence and domination. Whenever there is anything wrong with the breasts I direct my attention straightway to the womb, for it is in the womb, respectively the ovaries, that the ailing is surely primarily located.

When I speak of leucorrhœa I mean leucorrhœa, and not gonorrhœa. This latter is a dirt disease introduced from without and not from the constitution, and should be killed *in situ* the sooner the better, if possible. I hold the same of the acarus disease—the pure itch

—the nasty little acari are from without, and should be slain.

The Hahnemannian Doctrine of Psora Re-stated.

The Hahnemannian doctrine of psora as usually comprehended in the ranks of really pure homœopathy is so vague and mind-confusing that many of us have never known what to say or think about it. When I first tried to practise homœopathically I accepted the doctrine of psora purely and simply, and honestly believed that the itch could be, and was commonly cured dynamically by the strict Hahnemannians, and I copied their practice in this regard. Thus I kept a young lady under treatment with

antipsorics, and principally with *Sulphur*, high, higher, and right away into the very high, for over a year, and the result? Total failure; and the parents very properly gave me up as inadequate. Patient was quickly cured by a near medical brother with *Sulphur* ointment and soap and water, and I was regarded by those who knew the circumstances as a mere faddist.

I went on for several years believing in and trying to cure the itch with homœopathic dilutions, and what? I failed practically in every case.

Now the test of all doctrinal medicine must be clinical, and if I cannot cure on the lines of a given doctrine I throw the doctrine overboard. But a man who owes so

much to Hahnemann's teachings as I do, hesitates much and long before discarding any of his doctrines. Hence I tried and tried, and failed time after time. Now I will take as an example what I will term *my Doctrine of Ringworm:* I say that Ringworm, and fungi notwithstanding, is dynamically curable by *Bacillinum.* I cure case after case *almost* always. I say the same of Vaccinosis and its cure by *Thuja* and the like in dynamic dose. Then why cannot I do the same with itch? Well, I cannot, and for me there is an end of it. It is no use to tell me that I fail to cure itch with *Sulphur* 30, C., CC., &c., because I lack in the skill requisite for such work. Well, let us grant that it is lack of skill on my part,

then what is the use *to me* of a medical doctrine that is beyond *my* skill? Just none. The truth, *for me*, is that you cannot kill acari by any dynamic dose of any remedy whatsoever, and hence I have thrown the doctrine overboard.

Then is the teaching altogether false?

I would re-state the doctrine thus: You cannot cure the itch by dynamic medication, and you must therefore kill the acari; they should be killed on the spot, the sooner the better; you cannot kill acari with dynamic remedies, and they should be killed at once. But I am NOT speaking of *its concomitant constitutional eruptions brought forth by the acari*, neither do I say that the acari may not poison

the blood,—indeed I think they do, and *therefore* they should be sulphured to death instanter. But, and this is very important, if the acari have called forth an eruption from a previously existing internal state, THIS eruption may NOT be got rid of by external remedies. There is the rub. *Da liegt der Hund begraben!* It is the funest results of suppressing the constitutional eruptions that have been *called forth from their internal lurkings* by the acari themselves, or by their poison, that we have to fear. If we watch cases of itch carefully we find that the cases of those of tainted constitutions get quite a number of different kinds of eruptions which were potentially there before they were infected with

the acari, and these constitutions have to be mended by proper homœopathic remedies, and their eruptions may not be driven in, but the acari must be killed by parasiticides. The best men in the homœopathic ranks should set to work and clear this matter up, as it trammels our progress not a little. Years ago I was the means of converting an allopathic medical man to homœopathy; he came over bag and baggage at considerable pecuniary loss; he subsequently caught the itch, and placed himself under my care, and he remained faithfully under my care for over a year, and I totally failed to cure him, whereupon he exclaimed to me—"I cannot stand it any longer, I shall go mad; look what an awful state I am in."

He then gave up homœopathy and everything connected with it.

However, homœopathy is true, although you cannot kill acari dynamically. I have long been tussling with this question of psora, and this is my solution of it:

The dangerous results from the suppression of true itch are in reality not from the itch itself at all,—on the contrary, the acari are poisonous little brutes that should be killed instanter. These dangerous results are from the driving in of dyscratic eruptions present in the itch-patients, but *not* due *primarily* to the itch itself, but pre-existent in the individuals suffering from the itch, and not infrequently brought out on to the cutaneous surface by

the acari or their poison, though not really due thereto.

It is the source of very considerable mental satisfaction to me to have thus solved the question of psora, as now I cure the itch—the acarus disease—as quickly as possible with *Sulphur* ointment and soap and water, regarding it as a dirty parasitic disease impinging *from without* on to the individual, but *at the same time* do not suppress any concomitant skin trouble which is *from within* the organism, being there before the itch was caught, though very likely *called forth* by the irritating influence of the acari: that which is from without is to be cured from without; that which is from within must not be treated from without, but from within.

This re-statement of the doctrine of psora has no special bearing on the change of life, and it finds a place here simply because I have only now clearly seen where the truth lies.

Rheumatoid Arthritis.

Rheumatic gout at the change of life is indeed a very large order; a series of remedies are needed to cure the same. A sample of how I get along with them here follows:—

Mrs X., æt. sixty-five, mother of one child, born when she was forty-one (married at forty), since when she has gone very stout and suffered from rheumatic gout ever since her menopause. Right knee and left ankle much swelled; cannot walk; dreads cold water; urine thick; is

much distressed by inability to retain her urine; altogether she is in a sorry plight.

Med. 1000, in infrequent dose.

July 22nd.—Urine much clearer, and there is much less difficulty in retaining it.

℞ *Rep.*

August 12th.—Pains and swellings much diminished.

℞ *Rep.*

September 16th. — "Decidedly better," her husband writes, "more like her old self, a good deal better all round."

℞ *Rep.*

October 19th.—Well, except that she is stiff.

℞ *Bellis per.* θ. Ten drops in water in the forenoon.

November 25th.—℞ *Bryonia* θ.

December 20th.—*Acid. oxalic*, 1.

February 2nd, 1892. — *Bacill.* CC.

March 1st.—"My wife is quite well of her rheumatic gout, and the water is quite comfortable, but she is weak.

℞ *Fer. picric* 3'. Three drops in water three times a day.

April 11th.—"A few pains here and there, but what can you expect in this heat?"

℞ *Salix alb.* θ, ℥j. Ten drops in water twice a day.

Long after, I saw this lady's husband about his varicose veins, when he told me Mrs X. continued free of her pains and swellings, and

in very good general health. And still later, I had the same report from her stepson.

Incontinence of Urine at the Menopause.

After the change of life ladies are not infrequently troubled with inability to hold their water; the causes vary considerably; and where the sweat glands are inactive *Jaborandi* is a good friend, as the following brilliant little cure will show:—

Countess G., verging on fifty years of age, consulted me on November 6, 1890, for inability to contain her urine, worse when she had a cold, which was then the case. The point which struck me most was her dry skin. "I never perspire," said she. I ordered *Jabor-*

andi 1, ten drops in water three times a day. To the great delight of her ladyship the medicine cured the incontinence right away.

Note on *Jaborandi.*

I have used *Jaborandi* for many years—in fact I wrote a paper on it already in my allopathic days ; but though I have used it long, I have not used it often ; of late years I have generally used *Pilocarpinum muriaticum* 3^{x}. It is my big shot in mumps. It is well known that *Jaborandi* causes profuse perspiration, ending in a very dry skin. I regard it merely as an organ remedy of the sweat glands, affecting also the parotid and the pancreas. I have known it long, but do not know it well.

Climacteric Insanity.

For a number of years I have had an odd case or two of insanity under my professional care, generally only one or at most two at a time. Some of these have been cases of climacteric insanity, or that which occurs at the change of life. I cured a case of senile insanity and one of insanity in a young lady a good many years ago, and these were subsequently published in the *British Journal of Homœopathy*, and are epitomised in my *Fifty Reasons for being a Homœopath*. The cure I now propose to relate is of a somewhat different order, and clearly closely allied to the menstrual function at its close, and not merely a cephalic menstruation, so to speak.

That is to say, any young woman may become insane if the menstrual flux hang about in the head in lieu of taking its proper course, and here, as soon as proper menstruation sets in, the quasi-insanity is gone. Puerperal mania is analogous to this, the patient returning to complete sanity when the mind-storm is over. Sometimes I have thought there is just a dash of the genuine article hidden in behind.

Now what is true genuine insanity?

Genuine Insanity: its True Nature.

What is it? I have come to the conclusion, from a good many observations and therapeutic trials,

that Genuine Insanity is CANCER OF THE MIND. By cancer of the mind I mean simply that if the ailing fix itself upon, say, the breast, we have simply cancer of the breast, whereas if it fix upon the mind-organ, we have what we commonly call insanity; this I only name parenthetically, and reserve its elaboration for a future occasion,—to dwell upon the fascinating subject now and here would lead me too far away from my present task, which deals with the ailments of the climaxis.

Of course I do not mean that any case of insanity is from the cancerous diathesis, for here I name climacteric insanity, and an insane state may arise from many causes; what I do mean is that many of the

acutely and chronically insane, that ordinary remedies fail to touch, are, in their mind-organs cancerously affected,—this form of insanity is, in fact, a cancerosis, or carcinosis.

Now let me return to my case of *Climacteric Insanity*, which, by the way, is *not* a cancerosis.

Miss X., thirty-seven years of age, came under my observation on September 10, 1891; father died at seventy-six; mother and most of her brothers and sisters living. She has had no period since last May, and for six and a half years only here and there a menstruation, not much more than a show; numerous strumous scars under *right* side of jaw. Spleen very large. Had diphtheria in Rome in 1883. Much hypogastric hyperæsthesia. *Right*

ovary terribly sensitive, the lightest touch in the region causes her seemingly intense pain. Vaginal irritation maddening. She twitches and jumps. Severe frontal headache all her life. Used to have leucorrhœa, for which she had many vaginal injections. Three times vaccinated. Has had the Weir-Mitchell treatment. Has had enlargement of the glands, mumps, varicella, morbilli, pertussis, shingles of right side of trunk. Mentally she is held to be insane by her belongings, wherefore she has been in "Homes," and goes about in charge of a paid "friend." She flushes in conversation, talks incessantly about the evil conduct of—others!—and her own lot. With her, SELF begins, SELF continues,

and SELF remains the one absorbing subject from sunrise to sunset. She had first *Urticaria* θ as a spleen medicine, and then *Viscum album* 1 as an ovary medicine.

October 1st.—A period has come on!

℞ *Kali brom.* 3.

October 21st. — Much better. They (*i.e.*, her friends and relations) are bad, it is true, but not altogether devoid of regard for HERSELF.

November 3rd.— ℞ *Bursa pastoris* θ.

November 26th.—Her nose has bled four times.

℞ *Rep.*

December 3rd.—Great vaginal irritation and whites.

℞ *Viscum alb.* 1ª, and then followed *Ignatia* 1 and *Puls.* 1.

January 4th, 1892.—Saw patient with a good period, but her hypogastric hyperæsthesia was very distressing: everything that touched the hypogastric region, or even the apprehension that something might touch it, would send patient off into twitches. She was also very excited, and her attendant was almost driven beside herself, hence ℞ *Lyssin.* 30, twelve globules over a fortnight. The improvement therein was very great; she became much less excited, and the hyperæsthesia greatly diminished. Followed here a course of *Fraxinus Americanus* θ, to bring down the uterine enlargement.

March 1st.—Has been wonderfully better, but has had no period for seven weeks. Mindful of the

submaxillary strumous scars, I ordered *Bacillin.* CC., and then *Bursa pastoris* θ, which was followed by a period and further general improvement.

After that *Fraxinus Americanus* θ was again given for the heaviness of the uterus, which remedy earned the sufferer's repeated praises.

By the middle of 1892 patient began to go about with almost any lady of her own choice, and went then into society a little, and by the end of the year, the remedies already named being given as called for by their respective indications, and, in addition, the sexual excitement was well met by *Salix nigra* θ, prepared, I believe, from the aments, and given in ten-drop doses. The *Salix* was given on

several occasions, and mostly with benefit. *Lyssin.* cures the same symptom, but more in the nerve sphere, whereas *Salix* seems to me to act on the womb itself more.

April 11th, 1893. — Still under *Salix nigra* θ, and has had several periods. She is now quite sane, and no longer considers her relations so sinful, and at this period she began to go back in her own case historically, and made it clear to my mind that though she was now having here and there a period, the same was not "like it used to be, for formerly when I was as well as any lady could wish to be, and the joy of my darling father who was so good to me, my period was quite different and was *preceded by whites*, and the periods I

get now have no whites with them, and they don't do me any good." Thinking of the suppression of leucorrhœa by vaginal injections, and of her three vaccinations, I ordered *Mal.* C. on May 16th.

June 29th.—Just had a period *preceded by whites*, and mentally she is nearly normal. She goes about by herself when she thinks she will, but generally has now a lady companion like any other well-to-do lone lady. No further period occurred, and it became manifest that she had really changed for good and all. Here a new order of things came to the fore; the patient *had* changed and became mentally normal (from the treatment I believe), but flushes began to worry, and the month was here

divided into two parts : during one part she was depressed in a wonderful degree, and during the other she became sexually excited, and it took me over a year to get the mastery over these, for which the remedies were *Salix nigra* θ, and *Bacill.* 30, and this last seemed to finish the cure completely. During the years 1894-5-6 patient ran up to town to see me once in a way for some of the symptoms that recurred, and I see from my notes that *Fraxinus Americanus* θ, *Salix nigra* θ, *Sepia* 30, *Sabina* 30, and *Lyssin.* 30 were the remedies used. The long intervals between the prescriptions led me to infer that each one duly did its work. Patient continues quite well to date, and when I saw her a few months ago

she looked in splendid health, and was then off on her own initiative on a tour round the world. "I have never seen the world, but now I am so well I want to do so, and so I am off; I have no one to please but myself." Here came a merry laugh, and "Good-bye, doctor, I am very grateful to you, but I shall come and see you again some day."

So we see that homœopathy patiently applied *can* minister to a mind diseased, only there is no specific for an abstraction bearing a name as if it were a tangible entity that had got into a wrong place, and needed only to be seized by "a cure" and ousted from its place. Strictly speaking we cannot

cure diseases at all. We can, however, cure people whose states and conditions bear man-given names, such as insanity, hyperæsthesia, a cold, rheumatism, or what not. It lies in the nature of things that we should think and talk of diseases as entities, and just as every baby gets a name, so does every disease.

The foregoing case I call "Climacteric Insanity," but other nosologists might prefer another name.

But, doctor, you use such a lot of remedies; who is to know now how to cure "Climacteric Insanity?" Quite so. I once played a game of chess all night, and I really could not say which move won the game, or which portion of the night's

work caused the fever that set in next day.

"That's a long ladder you have got there, Carter."

"Yes, sir, it is; but you see your house is so high!"

Severe Neuralgia Cured by *Glinicum* 1000.

A married lady, mother of five children, verging on fifty years of age, and just changing, came to me on May 7, 1891, for severe neuralgia of the left side of face, running from left ear to the left angle of mouth, where it remains, preventing her often from opening her mouth. It first came in 1886, when she was in North Devon, and has plagued her ever since. "Nothing does it any good." Of course

not! Has not neuralgia been declared incurable by *Regular Medicine?* Then how dare any self-respecting physician presume to even try to cure it?

There were two distinct rows of froth lengthwise along the tongue, which was white and thickly coated; distressing flatulence and acidity no end. The pain is said to be worst in the evening and when tired; it comes on gradually and disappears gradually, but it has two very characteristic symptoms, viz., it is worse at the seaside and rouses her from her sleep. *Natrum muriaticum* 6 and 30 cleaned her tongue, and caused greeny-browny diarrhœa. Passing wind eased the pain. But after this the neuralgia was worse than ever.

June 9th.—"The pain is awful, it roused me twelve or fourteen times last night, and I have fearful acidity."

℞ *Glinicum* 1000, in infrequent doses.

June 23rd.—Almost well; sleeps quite well and undisturbedly.

℞ *Rep.*

July 28th.—Neuralgia gone, but her digestion is not quite happy. Has been four times vaccinated.

℞ *Thuja* 30.

I believe there has been no return of neuralgia, which I conclude from the fact that patient, who lives quite near me, has not been to me since, which I think she certainly would have done had it returned.

Note on *Glinicum.*

Glinicum is none other than *Medorrhinum;* then why multiply names? Only because I obtained the matrix of this myself from a typical case, and macerated it myself in spirit of wine, and so I *know* what it is and how prepared, and any one else can do the same at anytime and anywhere in the whole wide world. Furthermore, we can use the name *Glinicum* just as we use *Met. alb.*, *Verb. sap.*

In simple georgic and bucolic times our weeds no doubt amply suffice for our ailings; but in these polyandrous days, when late marriages are the rule, and gonococcic fluxes are all over the place, we must needs go to the source of

the disease for its remedy—for *ubi morbus, ibi remedium* is a blessed fact. Chinchona does not grow in cold wet places, that's where we find the willow.

My indications for *Glinicum* are: roused in the small hours of the morning by the pain, acidity, coated tongue, filthy taste and breath, uncleanably dirty tongue, weakness, palor, chilliness, worse from cold wet; and moreover *Glin.* is largely a left-sided remedy. *Glin.* wipes out half the cases of sciatica that pass my way. What a record!

Case of Neuralgia in a Lady Eighty-six years of age, Cured by *Bacillinum* CC. and 1000.

Although this case has no right to be here, I add it next to the

Glinicum case to show that I do not regard *Glin.* as a specific for neuralgia. Every case of disease needs its own remedy, though like cases call for like remedies, so that we may nevertheless really claim to have generic specifics, if I may use this odd term.

In May 1891, I received the following letter :—

"Dear Sir,—At the instance of my friend Mr L. of ——, and with the approval of my regular attendant Mr ——, I write in the hope that you may possibly be able to give relief to my suffering during many months past, from neuralgia in the left side of my face, etc."

"I am a widow in my eighty-sixth year, etc."

Here the neuralgia did not rouse

her in the small hours of the morning, but was almost always bad at bedtime. This *excludes Glinicum.*

Neuralgia worse from eating, talking, and laughing. Patient had been twice married, and was a widow for the second time, and in her eighty-sixth year, and could yet laugh! Decidedly a case worth curing!

I did not see the lady, and her regular medical attendant gave me no information (not he), though he magnanimously alluded to the unclean thing; but patient's father died (at eighty-two) of asthma, and her mother (at forty-two) of pulmonary phthisis, and the aggravation was *in the evening*, so I ordered *Bacill.* CC., three doses in a fortnight.

June 4th.—On the whole I think I have had fewer paroxysms of pain about bedtime.

℞ *Rep.*

July 7th.—Nearly well.

℞ *Bacill.* 1000.

Cured.

Fagged Womb.

Near the change of life we occasionally come across what I would call a fagged state of the uterus; the organ is weary—fagged.

Such cases are apt to be complicated with disease, but I will shortly narrate a case in which there was no disease—merely fag.

Mrs P., æt. forty-six, came to

me on March 28th, 1893. Here are the notes: "Fag, suffering; wants to lie down; has done a good deal; husband vigorous; married late; has three children; period regular; backache; womb is thick but high up, no disease."

℞ *Bellis per.* θ, ℥j. S.—Ten drops in water night and morning.

June 8th.—"Has done me a world of good."

℞ *Rep.*

August.—Quite well.

This morning (July 11th, 1897) I received a letter from a colleague in America, asking me what my indications are for the use of *Bellis per.*

Dear Colleague,—*Bellis per.* is

our common daisy; it acts very much like *Arnica*, even to the contingent production of erysipelas; it causes pain in the spleen, and generally symptoms of coryza, and of feeling very tired, person (the writer) wanting to lie down; it acts on exudates, swellings, and stasis, and hence in a fagged womb its action is very satisfactory; indeed, in the discomforts of pregnancy and of varicose veins patients are commonly loud in its praise. In the *giddinesses* of elderly people (cerebral stasis) it acts well and does permanent good; likewise, and particularly in fag from masturbation, in old workmen, labourers, and the overworked and fagged, it is a princely remedy. In the head-sufferings of elderly working gar-

deners its action is very pretty. Its action in the ill-effects from taking cold drinks when one is hot is now well known. It is a grand friend to commercial travellers, and in railway spine of moderate severity it has not any equal so far as my knowledge reaches. I think *stasis* lies at the bottom of all these ailings.—Yours, etc.

P.S.—When given at night, *Bellis* is very apt to cause the patient to wake up very early in the morning, hence I order it by preference to be taken not too late in the day. I have often cured with it the symptom "wakes up too early in the morning and cannot get off again," and here the higher dilutions act much more decidedly

and lastingly as a rule and without any side-effects, for here the action is purely homœopathic and not simply deobstruent.

Case of Arthritic Pains.

A married lady, aged fifty-four, mother of two children, came to consult me on May 24th, 1894, for arthritic pains in the left hip and outside of left thigh, and in left knee, coming on since the change of life. The condition had so persisted that her case had come to be regarded as not likely to be cured at all. Patient was very chilly, wherefore I began with *Urtica urens* θ, which did not do very much good.

June 28th.—The pains are no

better, they are terrible in the warmth of the bed.

℞ *Luet.* CC.

August 14th. — There is very great improvement.

℞ *Rep.*

September 20th.—The amelioration is maintained; her nights are no longer so terrible; indeed, "Oh, how nice it is to be able to lie in bed at night without being wakened with pain."

℞ *Rep.*

November 22nd. — "You have done wonders."

℞ *Rep.*

At the beginning of 1895 patient's husband informed me that the cure was perfect, and long after-

wards I heard from him that she continued quite well, and could and did walk miles, and her sleep and rest at night quite normal. Whether the case was really of an arthritic nature may, perhaps, be doubted. Here we have a proof for the ten thousandth time that high dilutions do act curatively, and that a well-defined characteristic symptom or keynote can lead to most brilliant cures, and the best of such keynotes is that one can remember them and so save time. The time spent with one's nose in a repertory ought to be saved, if possible. Said a well-known gentleman on entering my consulting-room one day: "I say, what a lot of repertories you have; I am astonished: I have always understood that you never used

repertories, and go in mostly for what you call organ-remedies." Ah, said I, the repertory is my haven of refuge to which I fly in case of need; the more I know of the diseases themselves the less I need repertories; I live and move and have my medical being in *behind the symptoms*, where lies the future of Higher Homœopathy; organ-remedies are only the bottom rung of the ladder.

Rheumatoid Arthritis after Climaxis.

A maiden lady, forty-nine years old, was conducted to me by an old patient on July 23rd, 1893, when she told me she had been suffering for the past three years from rheumatic gout, crops of red lumps,

with stiffness of legs and arms at the joints, accompanied by much pain, worse by day on moving, and in warm weather. The joints are swelled, and crack and grate. Used to have whites, and had influenza seven years ago.

℞ *Med.* 1000.

August 23rd. — Much better. Knees much less painful; they grate less on movement, and the lumps are gone.

No medicine.

September 20th.—Well.

No medicine.

October 18th.—Well; discharged.

Sycosis at the Change of Life.

Mrs X., forty-six years of age, childless, came under my observation on May 3rd, 1897. She was

vaccinated at eighteen, and from that time on to this present time she has been subject to "no end of shows," *i.e.*, here and there tiny bleedings from the parts. She is very passive, mentally inert; uterus enlarged.

℞ *Tc. Aur. mur.* 3ˣ, ℥iv. Five drops in water night and morning.

May 24th.—She now consents to have her long-worn pessary removed.

℞ *Thuja* 30.

June 2nd.—Her pessary having been removed causes her no inconvenience, and *there has been no show.* She is stronger; is worse in the summer than in the winter; she is unable to lie on her left side.

℞ *Tub. test.* C.

July 20th.—Complains of muddle-headedness.

℞ *Spirit. gland. quercus θ.* Ten drops in water night and morning.

August 27th.—The pain in her left side rouses her from sleep at night, enabling the wind to pass, and then relieving said pain.

℞ *Fraxinus Am. θ.*

October 21st, 1898.—Has done her much good; she has had one proper period, but no "show."

℞ *Thuja* 30.

November 15th.—The flatulence wakes her up, and her breath is very foul. *Med.* 1000. After which she was very much better, and no longer roused by flatus.

P.S.—Roused from sleep is a

thoroughly reliable keynote for *Med.* I observed it pathogenetically on myself first, and have verified it clinically many times.

Some Phthisic Manifestations at the Change of Life.

There are many cases that baffle the best unless ætiologically regarded. Thus, three weeks ago, a lady who had formerly been cured by *Bacillin.* of pulmonary hæmorrhage and loss of flesh, sent me an urgent request to cure her incoercible vomiting, saying:—"I have been so well, and am expecting to be confined in about a month, but latterly I have been constantly vomiting, until I am now losing flesh, getting so thin, and can keep nothing but a little brandy on my stomach; please send

me something to stop my vomiting, for nurse says the baby will be dead if this goes on much longer." The vomiting was worse in the afternoon, and there was some fever and hectic flush.

It seemed to me probable that the intrapelvic congestion had a dash of the consumptive quality about it, and so I dissolved ten globules of *Bacill.* C. in four drachms of spirit of wine, and directed her to take five drops in water every four hours.

A fortnight later she wrote me—"Oh, that marvellous medicine, I only vomited once after the first dose."

The same idea often helps me in climacteric troubles; thus, Mrs X., forty-seven years of age, came

under my care on July 24th, 1896, telling me—no, that was not the way it came about, for previous to that her husband had visited me, telling me his wife's life was despaired of on account of such severe anæmia, due to severe floodings coming on at regular intervals like a period, and lasting from six to seven days. "My wife is drained to death by it, and our family doctor gives very little hope of her; she is now almost always confined to her bed, and iron tonics no longer do her any good."

"Yes, we have had several other medical gentlemen to consult with Dr C., but they give me but very little hope, and I don't think there is anything more that can be done, she is so short of breath that she cannot even stand."

After a few months' treatment this lady came to London for some social functions, and after a further year's treatment she was practically well, and away in the Welsh hills with her husband on a holiday. About two-thirds of this period she was on *Baccill.* or *Tub. test.* 30, C., and also had *Med.* C., *Thuja* 30, *Sabina* 30, and each a month of *Urtica urens* θ, *Prunus Virginiana* θ, and *Salix nigra* θ (ten drops of either two or three times a day, for their organopathic effects). Consumptively disposed ladies are very apt to have floodings at any of their congestive functions, and they frequently increase in severity as the time of the change comes on. Thus, this lady was in the habit of menstruating very freely, but after

forty years of age it slowly became worse and worse, till the thing could only be termed periodical floodings, resulting in alarming anæmia. The florid, freely menstruating lady of thirty is very apt to be drained almost to death by forty or so, unless the blood-taint be wiped out before, by, say *Bacill.* or other such remedies. Let me further illustrate

The Pessary Craze.

A lady, just over forty years of age, came under my observation in November 1896 for enlarged womb, excessive periods, and foul, putrid leucorrhœa. "I am in an awful state, I'm going rotten, I am sure I am!"

Here we have an example of a

very fine, rosy person, exceedingly good-looking (by the way a kind of good-lookingness which I have come to regard as almost pathognomonic of consumptiveness), who has had very free periods from a sappy state of the uterus; and now that the change is looming, her troubles are all accentuated; and as her very religious husband has for years been doing *what Onan did*, the womb has become so heavy that most of the leading homœopathic physicians and gynæcological surgeons have been ordering injections, douches, . . . "Dr X. ordered me very hot water injections for the whites, and he also put in a pessary, but could not get one to fit comfortably then. I have had six or seven, and this one hurts terribly."

Now this lady was of the thriving consumptive build (tall and large, lax, rosy, full-bodied, soft-mannered, good-looking, languid, often tired), readily parting with blood, and come now to the threshold of the climaxis, her accumulated troubles were threatening to wreck her altogether. She sought the help of homœopaths, who did not reckon with her constitution, who moreover regarded her "three times vaccinated" as an additional proof of her good health, and who commended the Onan-like withdrawals (what Onan did, not Onanism so-called), as "so prudent and considerate, you know." My own diagnosis in this case was—1. Hereditarily Consumptive; 2. Vaccinosis; 3. Thickening and enlargement of the womb

from genesiac fraud. This poor lady formerly had piles, for which she sought the advice of a prominent follower of Hahnemann, who . . . oh yes! he did, cut them off!

Was your operation for piles successful?

Yes, very.

But I thought you said that you have now bad bleeding piles?

Yes, so I have; they came again two or three years after they were operated on.

And you are constipated, are you not?

Yes, but my doctor has ordered remedies for that.

So here we have in a middle-aged lady, still well-nourished and fresh-looking—

a. Operation for piles.

β. *Enemata* for constipation.

γ. Hot water and medicated vaginal injections for the whites.

δ. A fine choice of pessaries to prop up an enlarged womb, and the result? In the patient's words: "I am going rotten." A little further on such idiotic lines of treatment, and then the diagnosis of cancer of the womb would have to be made, and then an operation would be performed, and then the whole crowned by a widower's tears and the regrets of her motherless children.

But was there any alternative?

Yes, that lady is now cured by common-sense homœopathic treatment. The *Tuberculin* (30, C., CC.) cured the consumptiveness; the antisycotics *Thuja* 30, *Sabina* 30,

Cupress. Law. 30, *Med.* 1000, cured the whites, and organ-remedies brought down the uterus to its present moderate size and bulk; and Mrs X. is at this moment spinning about on her bike a free and happy woman.

It was *Fraxinus Am.* θ, ten drops in water night and morning, that reduced the womb in size the most promptly. (See my *Organ Diseases of Women.*) Everything is relative and comparative: given an enlarged uterus, it is better to prop it up with a comfortable pessary than to let it flop down on the floor of the pelvis and protrude; but inasmuch as the too heavy organ goes down by reason of its bulk and weight, it must follow that if this bulk and weight be suffi-

ciently reduced the organ will rebound to its old place, and need no pessary to prop it up. In addition to this, we have to bear well in mind that the pessary as a foreign body is, as such, highly objectionable in the parts, and is in fact filth-producing, making the poor sufferer shrink from her very self by rendering what should be sacrosanct a veritable cloaca. *Inter fæces et urinas nascimur* is right enough, because natural, but we may fairly stop at that.

Post-Climacteric Dyspepsia.

Mrs N., fifty-two years of age, mother of four children, and having had two miscarriages, came under my observation in June 1897. She has been twice vaccinated, the last

time at twenty-one unsuccessfully. Has had dyspepsia for many years, much more severely since she changed. The bowels are very tender to the touch ; the urine ill-smelling ("fishy"). Her flushings are distressing and like waves of heat. She is now very thin, but used to weigh 11 st. Suffers much from "yellows" (*i.e.*, yellow leucorrhœa), and has twice had polypoid growths taken from womb.

℞ *Thuja* 30.

July 9th. — The right side of tongue is much thicker than the left. Sinking, empty feeling.

℞ *Scirrh.* C.

August 10th.—Pretty bad flushes.

℞ *Trit.* 3ˣ, *Ovary Extract,* gr. vj. One powder at bedtime, which very greatly relieved the flushes.

The influence of the *Thuja* 30 on the dyspepsia, and that of the *Ovary Extract* on the flushes, was marked and incontestable.

Patient remains under treatment.

Eczema and Warts.

A lady of fifty-four years of age consulted me on August 24th, 1896, telling me she was suffering from a nasty eruption on the scalp, with great loss of hair, and quite a number of raised warts on her hands, four of which warts were large ones, and these had been there for three years. She changed two years ago.

℞ *Thuja* 30.

October 2nd. — The warts have quite disappeared; her scalp is a mass of scales, and "all the hair is going."

℞ *Bacill.* C.

November 20th. — No warts; scalp is improving; flatus bad.

Rep.

February 1st, 1897.—Much better of scalp; no return of warts.

℞ *Rep.*

May 10th.—*Rep.*

July 2nd.—Pains in the joints of fingers.

℞ *Thuja* 30.

August 6th. — Head better; fingers painful.

℞ *Psor.* CC., which finished the cure.

The remarkable cure of the old-standing warts struck me very

forcibly; not that curing warts by *Thuja* is at all new or unusual, but to cause any growth of any kind soever to disappear right away under the influence of any drug whatever in the thirtieth-centesimal dilution is a marvellous thing to me, and not the less marvellous because it has been done so often by so many for the past two or three generations.

Why did I give *Thuja?* Tradition, and also because the lady in question had been in her day three times vaccinated, the last twice unsuccessfully. And an unsuccessful vaccination means, to me, that the virus has been taken up by the organism and there lies latent for future ill — the organism having failed to react.

Diagnosis and Prognosis.

The fundamental idea underlying this little work is that an absolutely healthy woman changes without any ills or ailings whatever, and therefore a normal woman, married or maiden, who has no disease or disease taint, has nothing to fear from the change of life. The period will cease as it began, almost imperceptibly: it just leaves off, and there is an end of it.

But unfortunately very few women are truly free from disease and taintless; no doubt there are such, but these do not throng our consulting-rooms. A medical man is hardly a fair judge of the number of really normal persons, for the very sufficient reason that such individuals

need no physician, and rarely come to him. There is, however, a large class of people whom I would designate as *more than healthy*, *i.e.*, whatever may be wrong with them, they are loud and voluble in persistently declaring that they are *always quite well and wonderfully healthy*, and all their ancestors from Noah on have been perfectly well and quite free from any disease. So far as they will confess they are, in regard to health, absolutely holy. The wise practical physician knows at once that this is all fudge, and gives no credence to their statements; on the contrary, he at once suspects that the most grave constitutional disease lurks behind in these health-holy boasters, whose statements are commonly entirely

mendacious. A gentleman once brought his little daughter to me suffering from scrofulous ophthalmia, and, said he, she has had it over a year, and I cannot understand it, as we are all so healthy, and my father lived to be nearly ninety. Now I happened to know from the old gentleman himself, who was formerly my patient, that though he himself did indeed live to be nearly ninety years of age, still all his very numerous brothers and sisters died young of tuberculosis in one form or another.

Bacillinum cured the scrofulous ophthalmia in three months, and the fond father commented on the cure thus: "I knew there could not be very much the matter, as we

are all so healthy, and my father lived to nearly ninety."

A young lady was recently brought by her mother to me for hæmorrhage from the lungs, and was thought to be doomed to die of phthisis of the lungs, two physicians of repute having given this prognosis. Said I, "What sort of health-histories have your people; is there any consumption in your family?"

"Oh, no! We are all wonderfully healthy; there was never any consumption in *our* family."

The true history being, as I happened to know, this—Her own mother died of cancer of the bowels; her eldest brother has asthma; her father had hæmorrhage of the lungs as a young man;

her third brother died of rapid phthisis; her eldest sister died of tuberculosis of the pelvic organs; her second sister has very severe eczema and disfiguring rheumatoid arthritis; her third sister is actually under my treatment for tumour of the breast with deeply retracted nipple; while her youngest brother is suffering from a huge lipoma.

So much for this example of the wonderfully healthy ones.

However, given a really pure-blooded normal woman, I contend that the change of life is a purely negative process in a pathological sense.

Why, then, do we think and speak of the change of life almost as if it were of necessity a dangerous,

mysterious period that all women do and should dread?

The reason is that most women are not quite normal, and their abnormalities are for the most part inherent disease that may be observed in them any time from puberty to menopause and afterwards. As before observed, the cessation of the *monthly* PURIFICATION fully explains the whole series of morbid phenomena. Take any half-dozen cases of ill-health at the change of life and you will readily trace the troubles back often even to the period of dentition, and almost always to the commencement of the period. I constantly trace such climacteric troubles to gout, rheumatism, cancer, consumption, and venereal affections from a

parent down through the daughter's life. Thus consumptiveness will show itself at puberty as painful and excessive, or deficient menstruation, and ending as cancer at the change of life—cancer and consumption often alternating in succeeding generations; a small patch of eczema at puberty not infrequently means scirrhus at the menopause. As I have before pointed out (*Tumours of the Breast*), the various tumours of the breast commonly have their seat of origin in the womb or ovaries; and holding this view, I have succeeded from time to time in curing very many such tumours in women at all periods of life, and notably at the change of life. Thus recently the Baroness X. tele-

graphed to me from the Hague that her doctors there had diagnosed *Interstitial Mastitis* of her right breast, and urged an immediate operation. I wired back forbidding the operation, saying that medicines would cure it. Her ladyship appeared in my consulting-room two or three days thereafter, and I found the diagnosis correct: the right breast being pretty uniformly infiltrated and hard. Under *Scirrhinum* C. the breast became quite normal within two months; but it then became manifest that the real origin of the trouble still persisted, and lay in the pelvic organs, and this pelvic root trouble I am now treating. I can afford to forgive certain insolent remarks of a very prominent

medical brother at the Hague: he knows no better, and what he does not know of interstitial mastitis is not knowledge. What on earth is the use of ablating a breast for a swelling that has its root-life in the female pelvic organs? I cull the following from the *Homœopathic World* of July 1st, 1897.

The author is Dr John H. Clarke, editor of that useful journal, and to whom I offer my heartfelt thanks for appreciating the work of a brother homœopath, notwithstanding that he *is* a homœopath. For, strange to say, our British homœopaths are ever ready to swallow anything and everything from an allopathic source; but sit up o' nights to damn anything done by a professed homœopath.

Oh! the misery of the vulgar Brodklauberei.

The Distant Origin of Tumours of the Breast.

Dr Clarke says:—"Since my last article was written there has appeared in the *Medical Journal* a report of a paper by Dr Beatson of Glasgow, read at a meeting of the British Gynecological Society, with a discussion thereon which deserves very special attention. The best report appears in the *Medical Press* of March 24th and May 5th, and I propose to make lengthy extracts. The point brought out is one dealt with fully by Dr Burnett in his well-known work on *Tumours of the Breast*, and as Dr Beatson's paper forms such an eloquent commen-

tary on Dr Burnett's words, I cannot do better than make a quotation from them here as a sort of text.

"'To begin with,' says Dr Burnett (p. 160), 'the tumours in the female breast are very rarely primary to the breasts, but are most commonly produced in the breasts much in the same way that the organ is enabled to perform its natural function of suckling the human offspring, *i.e.*, the part is rendered physiologically active from the utero-ovarian sphere. Whether this view of the origin of mammary tumours has ever been promulgated before I do not know,—in any case I have it from my own observations in practical life. Usually there is some disease or irritation in the lower part of the body, either arising

primarily there, or else expressed there holopathically. . . . The one point I here insist upon is that mammary tumours do not usually arise from a cause existing primarily in the breasts themselves, but the cause is usually in some other more or less remote part of the organism, most frequently in the ovaries.'

"In quoting from Mr Beatson's paper it must be understood that it is in the clinical observations that the value of it lies, and not in the method of treatment he pursues. The removal of the ovaries for disease of the breast is in my opinion quite devoid of justification, even if there were no possibility of medicinal cure. And it will be noticed that it is only in cases pronounced to be 'inoperable,' so far as the

breast is concerned, that the other operation is advocated. It is difficult to see how any one who realises that the origin of breast cancer is often in a remote and apparently undiseased organ can advocate the excision of the breast as a cure; but the straits to which old-school pathology and treatment are driven are sufficient to account for almost any inconsistencies.

"DISCUSSION ON DR BEATSON'S METHOD OF TREATMENT OF INOPERABLE CARCINOMA.

"Mr Armstrong (Buxton) said that he had been invited some time ago to make a communication to the Society on what he had seen in Glasgow of Dr Beatson's method of treating carcinoma, and being much

impressed with the principles involved, he expressed his willingness to comply, and the more so, that he had been much struck by the candid and scientific attitude of Dr Beatson himself with reference to the cases treated by this method, and the deductions to be made from them. Before the meeting, the President and Council invited Dr Beatson to come up and join in the discussion; and as they had the pleasure of Dr Beatson's presence this evening, he felt sure that he could not do better than to simply explain to the Fellows how it was that he came to be introducing the discussion, and to leave in the more capable hands of Dr Beatson the task of explaining the principles of the treatment, and the results

obtained by it up to the present time.

"Dr Beatson (Glasgow) said that when he received from Dr Armstrong the invitation of the Council he at first hesitated, because he thought that it might seem as if he had something fresh to communicate; at the same time, he felt that after a paper such as he had written on the subject, he ought, if called upon, to appear to explain his method in further detail. In the first case to which Dr Armstrong had referred, the mamma, axillary glands, and part of the pectoral muscle had been removed and found to be cancerous; three months later the disease again manifested itself, and the case was considered hopeless for operation.

Thyroid was given to a physiological extent, but in vain. The tubes and ovaries were then removed, and the Thyroid again pushed. In little more than two months she was much improved; in five months the maglignant tissue had become yellow and fatty, and in six it had gone; now, at the end of twenty-one months, the tissues were sound and the woman was in good health. The value of the case to him was that it seemed to throw some light on the nature of carcinoma, and the only question was as to the right interpretation of the facts of the case.

"This is the most important of Dr Beatson's observations. It is followed by a lengthy disquisition on the nature of cancer,

into which it is not necessary to go."

This excerpt gives the gist of Dr Beatson's views.

The point I claim is that Tumours of the Breast do not commonly arise primarily from the breasts, but from the utero-ovarian sphere, and that therefore it is very poor treatment to excise the fruit while leaving the roots (in the pelvic organs). Whether the excision of the ovaries or uterus will be any good remains to be seen, but I doubt it very much. However, we shall soon have the records of vast numbers of Beatson's operations, so here we leave the question *sub judice*.

I feel constrained to again thank Dr Clarke, as it is very hard on a

homœopathic worker who, fighting persistently for a hearing, usually gets next to none; but wakes up some fine day and finds his most cherished suggestions brought forward by our friends the enemy as altogether admirable.

Was it not thus with the treatment of phthisis pulmonalis? American homœopaths had been treating consumptives by *Tuberculin* successfully for years and years; but they were laughed to scorn and scoffed at as filthy persons because of the origin of their remedy; but when Koch did the same dirty thing *un*successfully, he was hailed with almost divine honours. And even now that Koch's doses have been fully condemned all over the world,

and the homœopathic tuberculin treatment has been tried and found of marvellous efficacy in very many parts of the world quite apart from my own very numerous cures of consumption by *Bacillin.* (Natural Tuberculin), even now the claims of homœopathy are almost entirely ignored, and one hears : " There is no cure for consumption, is there ? Koch's affair was a terrible fiasco.' Explanations are for the most part in vain.

Significance of the Retracted Nipple.

The retraction of the nipple is held to be a gravely important symptom in tumours of the breast, but the retracted nipple in young, seemingly healthy girls and young

women is usually not regarded as of any particular importance ; but I have myself come to regard it as indicative of, perhaps latent, womb or ovarian disease ; and thus regarding it as of pelvic origin, I have ameliorated a certain number of them and quite cured a few. The curative process is a tedious one, and takes a good deal of time, but it can be done. Wherever there is a retracted nipple, even in the most blooming young woman, there you are sure to find, very likely latent, but still positive disease, that will crop up in the later course of the life of the individual. Just as the milk rises to the breast after childbirth, so do morbid activities rise from the female pelvic organs at the change of life, or before. The

retracted nipple in young girls has, I maintain, its place of origin, its primary seat, in the uterus or ovaries, and do we not often notice that the breast that has a retracted nipple is, at the beginning of lactation, the seat of a mammary abscess? Such abscesses are generally either strumous or hereditarily cancerous. I do not mean actually cancer, but merely of a carcinosic quality. I have often heard about the time of the menopause this remark from a lady. . . . "I have a lump in my breast; it is the same breast that has the nipple drawn in, and in it I had an abscess when I was nursing my first baby."

Mammary abscesses during lactation should *not* be backed, but allowed to gather, burst, and dis-

charge, and left to go on discharging as long as it will, the child being kept on the sound side, the gathering breast being kept in full function by an exhauster till the abscess has healed, when baby may have both ; only the patient should be kept under *Bacillinum* (high) till the fever, which is of the phthisic type, quite disappears, and subsequently the lady's health is *better* than before the gestation, and it becomes also subsequently manifest that the abscess was a constitutional depurative effort : hence I encourage the ripening of mammary abscesses and do *not* back them. Sometimes the mammary abscess is of carcinosic quality, when *Scirrh.* C. plays precisely the same rôle as *Bacillinum* in the strumous form.

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